Iowa Department of Human Services
CHILD CARE CENTER EVALUATION AND RECOMMENDATION FOR LICENSE

Name of Center: Kids Korner Childcare **Enrollment:** 17 **License ID No. (Reapplications)** 16652

Street: 300 West Garfield St, STE A **City:** Laurens Iowa **Zip** 50554 **County:** Pocahontas

Mailing Address: 300 West Garfield St. STE A, Laurens, IA, 50554

Director's Name: Kristi Shannon **Phone Number:** 712-841-5437

On-Site Supervisor(s): **E-Mail:** kidskornerlaurens@gmail.com

Date(s) of Visit: 07-07-2025

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received **Yes** **No** X **NA** **Date Signed:**

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 11-29-2023

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: Profit X Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age X School-Age

Get-Well Evening Care Special Needs

SCHEDULE: X Year-round School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	8	16	20	15	59
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 08-01-2025 to 08-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-23-2025

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Kids Korner Childcare center on 07-07-25 where I met with the center director Kristi Shannon. Kristi took over as the director of the program at the end of November, 2021and is fully qualified for the position based on her experience and on-going training in early childhood care and education. This program is located in the local elementary school but is overseen by a separate board of directors. The center provides daycare programming for infants through school age children. There are currently 17 children enrolled in the program served by 3 staff. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The general layout and design of the facilities and classrooms remain essentially the same as in prior reports. The center makes use of two classrooms with primary programming in one room on the lower level for infants and toddlers, and one on the upper level for preschool and school age children. The center did make a change the layout of the infant/toddler space which previously had a divider created by a mobile barrier and shelving that defined separate spaces for the infants and preschool children which had been removed making one larger open space. This did result in the program mixing children over 24 months of age with children under 24 months of age which is prohibited. Kristi was informed that the center did need to replace the divider or implement an alternative plan to separate infants from children over 24 months of age. The center did maintain the arrangement of shelving units in that room to create a barrier that separates the programming space from the area used for feeding. A mobile gate is present to provide access but during the visit staff were observed to step over the gate rather than opening it even after having been informed that doing so is not allowed as it creates a significant safety risk of staff tripping and falling or dropping items on a child, or dropping a child. The room does have a large counter with multiple sinks so that one can be used for hand washing and the other for food preparation. Restrooms are located outside the classroom space off a main corridor in the school, and changing stations are available in the toddler space, and infant space. The other classroom is located on an upper level and again restroom facilities are located outside the classrooms off the main corridor. This did create an issue on the day of the visit where one child attending the school age classroom was observed to be walking in the hallway from the area of the restroom by themself. While school age children are of an age that they generally do not require assistance in restrooms licensing does require that children are within direct line of sight and sound of staff at all times and staff do need to escort children to the restroom especially given that there are times where the building has open access. The room used for primary programming for the preschool and school age children does have windows that provides natural light, a view of the outdoors, and ventilation. Each classroom makes use of furniture, and play structures to define activity centers. The arrangement is such that all areas of the rooms are readily visible with no blind areas. Each room was observed to be clean and the maintenance issues cited in the prior licensing report had been corrected.

A copy of the daily schedule and planned curriculum was posted. The curriculum was comprised of craft focused activities, and the supervision and engagement was generally observational especially in the school age classroom. While this approach can lead to behavioral issues none were observed on the day of my visit. The teachers did use proactive approaches to managing behavior such as redirecting children to appropriate activity choices, and saying, "no thank you" to younger children as a means to identify inappropriate behavior. The staff in the classroom with the younger children were more engaged being down on the floor with the infants and interacting with them. All staff were observed to use calm tones of voice, and positive word choices when speaking with the children. In observing interactions the children and staff did

appear to have positive relationships with no indications of fearfulness or frustration. Ratio was not being followed when I first arrived with one teacher present in the combined infant/preschool space with eight children ranging from 4 months to 3 years of age. It is noted that Kristi did arrive at the center within a few minutes but the time of the visit was after 9:00 AM and the allowable 2 hours or less at the start of the day where centers can combine children with 1 teacher provided there are no more than 8 children present with no more than 4 children under 2 years of age.

While the center does have established health and safety polices in place implementation into practice does need to be reviewed. I was not able to observe a diaper changes during the time of my visit and the teacher did not deglove between handling soiled and clean materials, nor was the station properly cleaned in accordance with the label directions of the disinfectant being used. The disinfectant label did identify that precleaning of the surface was required as well as rinsing with potable water following the use of the product. Handwashing practices were observed to have mixed results regarding implementation. The staff did have children wash their hands following restroom use and diapering, and before going to eat lunch. However staff did not wash their hands before preparing bottles for infants, and when the children went to lunch it was not yet ready to be served so the teachers directed them to sit on the floor to wait which negated the benefits of having washed prior to going to the cafeteria as every child was then touching the floor immediately prior to eating. During the visit staff were also observed to be floor feeding an infant under 6 months of age in a reclined position on the floor. It was reviewed that infants under 6 months must be held in an upright position to reduce the risk of the infant aspirating formula, developing ear infections, or suffering other health concerns. Chemical cleaners, medications, and other other items that could pose a safety risk to children were stored where they were not accessible to the children. First aid kits were present but do need to be replenished ensure that they have materials to address most common first aid needs. Safe sleep practices for infants under 1 year of age were being followed on the day of the visit.

The program does not have a separate playground space but can make use of the school playground areas. There are climbing structures with one area that is appropriate for school age children, and one that is appropriate for preschool age children. These structures were not reviewed during this visit but will be reviewed at a later date during a visit with another program housed in the building that makes more regular use of the facilities and any issues will be addressed at that time. It is noted that the school does provide all maintenance for the playground.

The center does not have a kitchen but does prepare breakfast and snacks which generally consist of non-cooked items such as cereal, toast, and prepackaged single serving items. Lunch is prepared by the school cafeteria during the school year, and as part of the Summer Lunch program which is open to the community during the summer. The teachers do sit and eat with the children. A copy of the planned menu was present and did identify a good variety of food options. Good food storage practices were generally observed however it was noted that a few bulk packaged items had been rolled closed and not placed in air tight sealable food grade containers as required.

In reviewing administrative records all required notices were posted in an area readily accessible to parents and visitors at the main program office. All child files were reviewed and were generally found to contain all required information with the exception of 3 that needed an updated physical. In reviewing staff files all were found to have an expired Iowa SING background check, and FBI Fingerprint background check results could not be located. Additionally 2 needed updated 1st Aid/CPR, and 2 needed on-going professional development training. Inspection logs and certificates were available and current with the exception of Radon testing which was last completed in 2021. The center does have a mitigation system and renewed testing is required every 2 years to ensure that the system is functioning properly. The center also needs to install a carbon monoxide detector for the second level.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is participating in the IQ4K program which seeks to implement best practice recommendations and is currently rated a Level 1 program out of a 5 level scale with 5 being the highest rating.

Kristi stated that the center did receive a grant to acquire new toys and materials for the children.

IV. IDENTIFY THE ASPECTS OF OPERATION THAT FALL BELOW THE STANDARDS REVIEWED:

109.6(4)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.
-- Number not in compliance: 3 All record checks were expired.

109.6(4)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.
-- Number not in compliance: 3 Documentation could not be found for any files.

109.8(2): Ratio maintained in center as required:Brief absence of staff person permitted for 5 or less minutes when another staff person is present. At least one staff is present in every room where children are resting.If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained.Ratio in infant rooms is always maintained.When more than eight children are present on the licensed premises, at least two staff members shall be present.For a period of two hours or less at the beginning and end of the center's hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children in the center.Ratio exceeded for school-age children when school classes unexpectedly start late, are dismissed early, or cancelled. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.
-- 1 staff member was observed to be providing care to 8 children identified as being 4 months to 3 years of age after 9:00 AM which was well past the time at the beginning of the day when this would be allowed.

109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.
-- Number not in compliance: 3

109.10(5): Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease
-- Staff did not wash hands immediately prior to preparing bottles for infant feeding.

109.10(6): Children's hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children did wash hands before leaving the classroom to have lunch in the cafeteria but were then instructed to sit on the floor to wait for the meal service to be ready. All children were observed to be touching the floor re-contaminating their hands and did not re-wash their hands, make use of hand sanitizer, or any other option to reduce the risk of disease transmission.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- Staff were observed to step over mobile gate barriers even after having been informed this is not allowed due to the risk of tripping and falling or dropping items on a child.

109.11(8)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.
-- Radon testing was expired. The center does have a mitigation system and retesting is required to be conducted every 2 years.

109.11(8)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- A carbon monoxide detector is required to be installed on the 2nd level where school age programming is provided.

109.12(4)a: A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age.Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with HHS approval if doing so does not pose a threat to the infants.
-- The barrier used to separate the infant area from the preschool area had been removed and children over 24 months of age were observed to be co-mingling with children under 24 months of age.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Staff did not deglove between handling soiled and clean items. The changing station was not cleaned and disinfected in accordance with the manufacturer label directions for the disinfectant used.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended at this time. Please provide a written response to the licensing consultant identifying a plan of action to correct and maintain those aspects cited as not meeting licensing standards and identifying an anticipated date of compliance. At least one visit will be made to the center during the next year.

NOTE: A referral to CCR&R will be made to assist the center with developing a plan to addressing those issues identified as not meeting licensing standards.

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

*Note: If you are a member of the general public, there may be additional information contained in the public file. You may contact the DHS Licensing Consultant to inquire.